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PTO/SB/21 (08-00)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number

09/750,240

Filing Date

December 26, 2000

First Named Inventor

H. Kirk HAMMOND

Group Art Unit

1632

Examiner Name

M. Wilson

Total Number of Pages in This Submission

30

Attorney Docket Number

220002056723

ENCLOSURES (check all that apply)☒ Fee Transmittal Form + duplicate for fee processing (2 pages)☐ Fee Attached☒ Amendment/Reply (19 Pages)☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request (3 months) (1 page)☐ Express Abandonment Request☒ Information Disclosure Statement (3 pages)☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Assignment Papers (for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☒ Power of Attorney, Revocation Change of Correspondence Address (3 pages)☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below)

1. Form PTO-1449 (1 page)
2. Return postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

MORRISON & FOERSTER LLP
Carol M. Gruppi - 37,341

Customer No. 25226

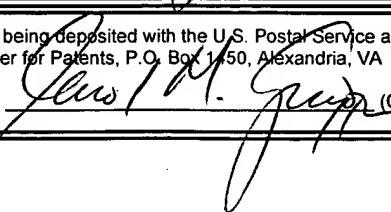
Signature

Date

October 16, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV332777151US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 16, 2003

Signature:  (Carol M. Gruppi)



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/750,240	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 26, 2000	
		First Named Inventor	H. Kirk HAMMOND	
		Examiner Name	M. Wilson	
TOTAL AMOUNT OF PAYMENT (\$)		1130.00	Attorney Docket No.	220002056723
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
1001 770 2001 385 Utility filing fee				
1002 340 2002 170 Design filing fee				
1003 530 2003 265 Plant filing fee				
1004 770 2004 385 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 93 -101** = 0 x 18 = 0				
Independent Claims 5 -7** = 0 x 86 = 0				
Multiple Dependent 290 = 0				
Large Entity Small Entity				
Fee Code Fee (\$)				
1202 18 2202 9 Claims in excess of 20				
1201 86 2201 43 Independent claims in excess of 3				
1203 290 2203 145 Multiple dependent claim, if not paid				
1204 86 2204 43 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Carol M. Gruppi		Registration No. (Attorney/Agent) 37,341		
Signature		Telephone (650) 813-5777		
		Date October 16, 2003		

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